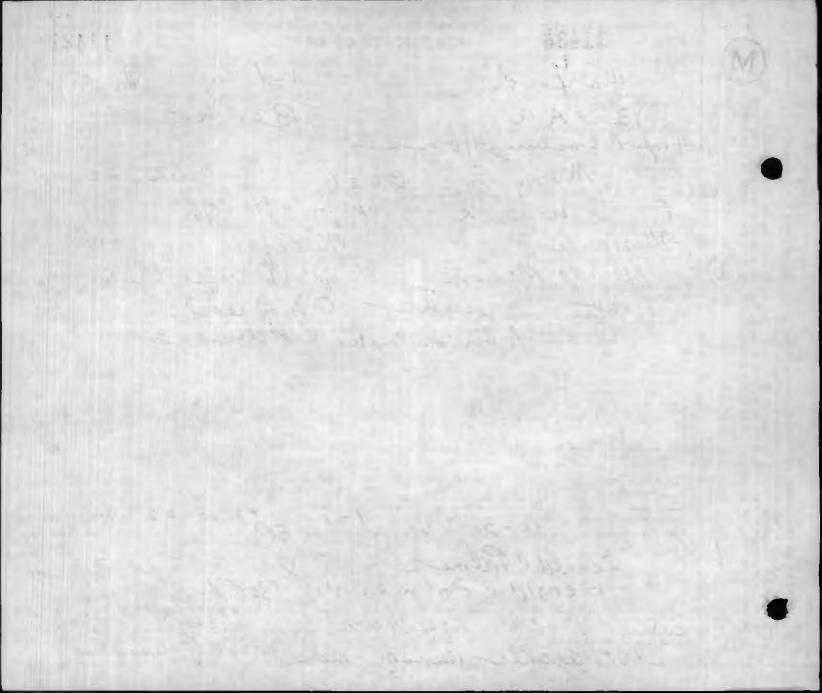
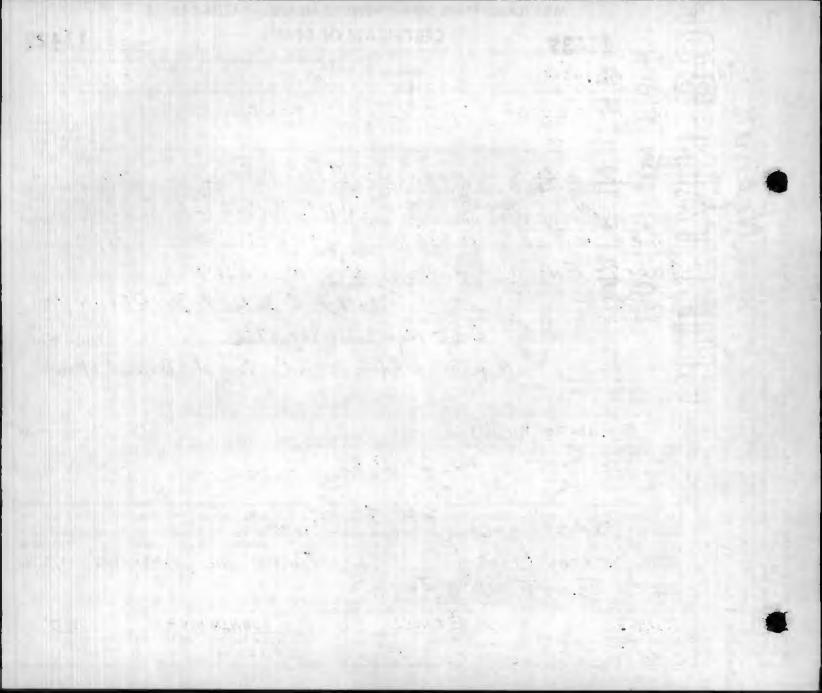
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11436 CERTIFICATE OF DEATH 11421

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions, Residence before edmission)
a. COUNTY # and and	a. STATE MU b. COUNTY HE
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	cCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	310.015
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
II A TO STATE OF A STA	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
Hafir working Home	YES NO
3. NAME OF DECEASED AA First Middle	Lest 4. DATE Month Dey Year
(Type or print) / (2) T. Bu	5 / DEATH Clother 22 196/
5. SEX   6. COLOR OR RACE   MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED A	AU. 1- 1891   Jest birthday) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)
Housewife	Melugar
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Newras Mahoney &	Targethe ( Keele Chesoury.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 11 (Yes, no, or unkown)   (Ifyes give wer or detes of service)	NFORMANT Address Truck
none	O. S. Bush?
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY MENINGER OF THE PART I. DEATH WAS CAUSE (e)	he Colorano ONSET AND DEATH
DUE TO	
Conditions, if any, which (b)	
geve rise to immediate couse	
(a), staring the underlying	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY
O C	PERFORMED?
S ACCIDENT WAS INDERLYING TO LODE DESCRIPTION INTURY OCCUPED	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO  20s. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED.  OP CONTRIBUTING   CAUSE OF DEATH  If IF ITHER, NOTIFY MEDICAL EXAMINER!	(Enter nature of injury in Part I or Part II of item 18.)
	of of Military Distriction and the control of the c
	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)  ry, street, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from	/-/ 19/7 to 10 - 22 19 6/that (1) (we) last
saw the deceased alive on 10-21 19 6/ and that	death occured at PM, from the causes and on the date stated above.
220. SIGNATURE	22b. DATE
Desald ( Talmer M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DO - > >
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typo) Gerold C Palm P	-WI) RODA.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 7 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOGATION (City, town of bounds) (State)
REMOVAL (Specify)	m) (fares) Mino.
Burne Corre 6/ Rosellice	250. REC'D BY REGISTRAR AND REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1. 2 OCT 25 '61 / Cuthur & thous
worther Nerson	MC TOATE,
Phone Beller 188	6733



VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY/ c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) ELVETTS 11:11E e. IS RESIDENCE ON A FARM? YES NO Month Day Year 1960 IF UNDER TYEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Hours 12. CITIZEN OF WHAT COUNTRY? 1159 Address INTERVAL BETWEEN ONSET AND DEATH mmec andprascular PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 19\_\_\_,that I last saw the deceased and that death accurred at 12. SPIM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 2 6 '61 Chilling & Thrus



BEI Air monlowed

seple W. Froters

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

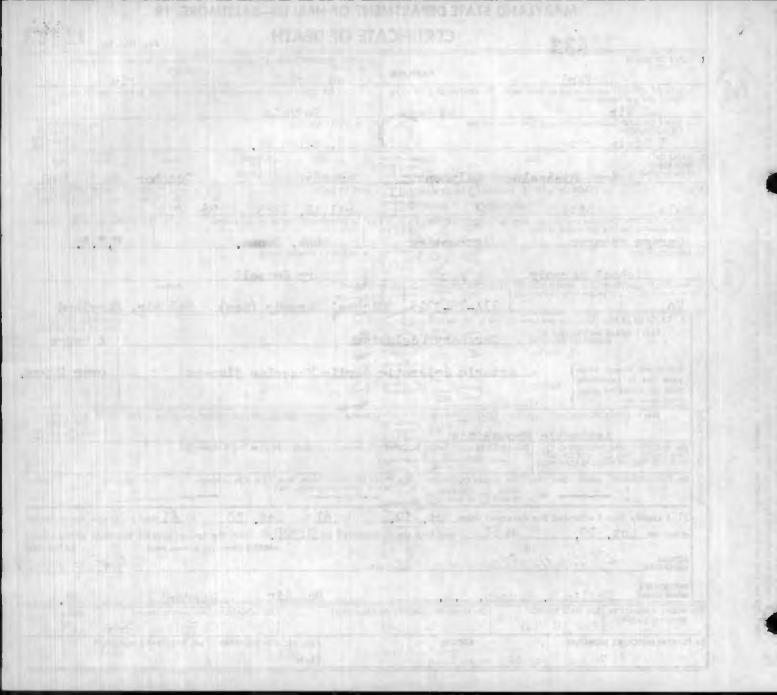
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(Stote)

Chilling S. Thous

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Erie c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO TE Month Day Year October 1967 10 9. AGE (In years tost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Min 12. CITIZEN OF WHAT COUNTRY? Address Be 1 Maryland INTERVAL BETWEEN ONSET AND DEATH 4 hours PERFORMED? YES TO NO TO (County) (State) , and that death occurred at 3:30P\_M, from the causes and on the date stated above. ADDRESS (Street, city or lown, stote)



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 18	

	1.	1430		CERTIF	ICA	TE OF DEATH	1		Reg. Dist.	No. 11	1424
	ACE OF DEATH COUNTY	Harford		MARYLA		2. USUAL RESIDENCE (Who o. STATE Marylar		ed lived. If institution b. COUNTY		efore admi	ssion)
ъ.	RURAL and give ner	outside corporate limi crest town) SVILLE	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If or		orale limits, write RI	JRAL and give	nearest lav	m)
d.	or institution Rt. 23	AL (If not in hospital, s Shawsvil		address)		d. STREET ADDRESS	Shaw	sville		ON	SIDENCE A FARM?
DE (T)	AME OF CEASED (pe or print)	Fii <b>Emil</b>		Middle A.	Che	enowith	4. DATE OF DEATH	Mon Oc	tober	Doy 26,	Year 19 61
	Female	White	WIDOWI	Transition of the same of the		DATE OF BIRTH July 17, 1890		71 yrs.	Manths Do		
	Clerk-Ret	ng life, even if refired	dane 10b.	Shoe	INDUST	RY 11. BIRTHPLACE (Slote of Virgi	nia	country)		S A	T COUNTRY
		lliam H.	Tice			14. MOTHER'S MAIDEN N. Prisci		Haynie			
15. W (Ye). r		IN U. 5. ARMED FOR If yes, give war or dates of s	ervice)	212-01-5778		Wm. E. Chen	owith	Addr	 Whiteha	11. M	d.
1.		H WAS CAUSED BY:	1	loute /	nyo	cardial In	far	ction	1	MERVAL B	ETWEEN
	Canditions, if an gave rise to imcause (a), stoling lifting cause lost.	mediate Dur To	Ar	terioscle	roti	c Cardiev	escu	Par Disi	are	Yea	rs.
CATION	PART II. OTHI	Pope	DITIONS C	ONTRIBUTING TO DEAT	H SUT N	OT RELATED TO THE TERMIN	AL DISEAS	SE CONDITION GIV	EN IN PART 1(c	19. WAS PERF	ORMED?
CER	Da. ACCIDENT WAS PR CONTRIBUTING F EITHER, NOTIFY	SUNDERLYING [] SCAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	NO IN IN	URRED.	(Enter nature of injury in Pi	ort I or Poi	rt II of item 18.)			
MEDICAL	Co. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	or 20d. It While of work	_ Not while _	PLAC facia	E OF INJURY (Home, form, ry, street office bldg., etc.)	20f. (Cit	y ar town)	(Coun	iy)	(State)
O		at I attended the	126	ond that d	- 1	occurred at 5:45 A	M, from	m the causes a street, city ar town, street,	nd on the	date stat	deceased above pate signer
P	HYSICIAN'S	1/10	- 1	1114-1	2 0	Tank-	12.01	1/ 11.	Λ		

NAME (Type) 22d. LOCATION (City, lawn, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

220. BURIAL, CREMATION, REMOVAL (Specify) Burial Loudon Park

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURAL

(Slate)

toribas-sel 25

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campletel

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physician

attending

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be retained by the hospitol ar attending physician.

IERAL DIRECTOR: After this certificate has been signed by 3 should be detached far use as the burial-tronsit permit.

should be detached far

Board of Health

State

burial, cremation,

in 72 havrs after

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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M)	1. PLACE OF DEATH

5. SEX

15. WAS DE (Yes, no, or un

~	77
M)	1. PLACE OF DEATH o. COUNTY
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	11440	DIAIS
1.	PLACE OF DEATH O. COUNTY HARFOA	e D
	b. CITY OR TOWN (If outside carpo	rate lim

MARYLAND

c. LENGTH OF STAY IN 16 LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY

If autside corporate limits, write RURAL and give nearest town! d. STREET ADDRESS ConEST

4. DATE OF DEATH

IS RESIDENCE YES NO

Year

	HARFO	CD	MEMORI	Al to	5/
3.	NAME OF DECEASED (Type or print)	D	First MADI	/) - //i	llo A

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).

NAME OF HOSPITAL (If not in hospital, give street address)

6. COLOR OR RACE

ide carporate limits, write

MARRIED NEVER MARRIED

HOME

B. DATE OF BIRTH

9. AGE (In years last birthday) Months yrs.

196 IF UNDER 1 YEAR IF UNDER 24 HRS Days

Day

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10a.	USUAL								
	during	masi	of wor	king	libe	AWAR	iiF.	raticac	1

e 10b. KIND OF BUSINESS

12. CITIZEN OF WHAT COUNTRY?

	IT	0	U	~	6	8311
13.	FATHER	15	N/	ME		

HOMAS SAMPSON

IDOWED

14. MOTHER'S MAIDEN NAME

EASED EV	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17, INFORMANT	11	Address	1
помп)	(If yes, give wor or dates of service	a)	12	11 /4/0/11. 11	41 2 10	_
7	)		Denjamen	Herbert Ellioll	MAVRE DE GI	PAC
		<del></del>				

- 1	IMMEDIATE
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	1200
- 1	Conditions, if any, which
	gove rise to immediate (
	cause (a), stating the under-

lying cause lost.

DUE TO fb1 **DUE TO** 

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

WAS AUTOPSY

PERFORMED? YES NO

INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

					S UNDER CAUS MEDICAL		
CAL	20c.	TIME	OF	INJUR'	Y Month	, Do	y, Ye

20d. INJURY OCCURRED While Not while at work at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

21. 1	CELL	шу	IIIGI	111	fins	3
saw 22a	the	de	ease	d o	alive	
220	CICCAL	A PILE	) F			

haspital) attended the deceased fram

M, from the causes and and that death accorred at

	-1'	17_		, the	ar	17	(we	9)	1015
d	an	th	e d	ate	sto	ite	d c	bd	ove
Ī						2	2Ь. [	'AC	ΪE

22c. PHYSICIAN'S NAME (Type)

ATTENDING PHYS. M.D. 22d, ADDRESS

			-
40	VOE	DEGRACE	

BURIAL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY 100

LOCATION (City, or county

STAFF PHYS

(State)

SIGNED

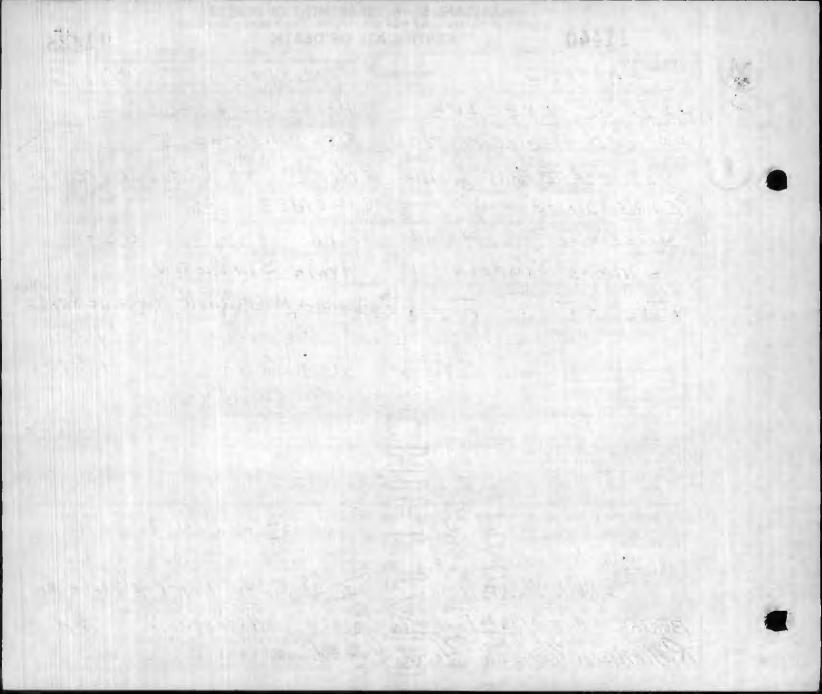
24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

MED.

25b. REGISTRAR'S SIGNATURE arthur S. Hisus

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

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ERAL DIRECTOR: After this certificate

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9 within physician remave

72 hours

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND

CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest, town)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

ng life, even if retired)

IMMEDIATE CAUSE IO

IS RESIDENCE ON A FARM? YES NO NO

Year

	705 CLLLIANE	E
3.	NAME OF DECEASED (Type or print) ALBER	First

Middle RUDE 7. MARRIED T NEVER MARRIED T

DATE OF DEATH B DATE OF BIRTH

1961 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (in years lost birthday) Months Davs Hours

FVG	COUM	L U		35	29.1	U
	during	D3-0	far	af	WO	rk:
	HA					
	7" A	113		L		

N (Give kind of work done 10b. KIND OF BUSINESS

WIDOWED M

MOTHER'S MAIDEN NAME

12 CITIZEN OF WHAT COUNTRY?

	· 8	_	×	_	_
13.	FAT	HER	S	NA	ME

S. SEX

1Z INFORMAN

	ER IN U. S. ARMED FORCES: (If yes, give wor or dates of service		6. SOCIA	AL SECU	RITY	NO.
	ATH [Enter only one couse	per	line for	(o), (b),	ond	(c).

line for (o), (b), and (c).

BIRTHPLACE (State or foreign-country)

INTERVAL BETWEEN QNSET AND DEATH yeary

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.

(b) **DUE TO** 

DATE THEREOF

DUE TO

PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

PERFORMED? YES NO NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)

20c TIME OF INJURY Year o. m. pm.

20d INJURY OCCURRED Whi e Not while of work of work 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) factory, street, office bldg, etc.

ATTENDING PHYS

(County) (State)

\_, 19\_6/\_. that (I) (we) last

saw the deceased alive an 220 SIGNATURE

21, I certify that (I) (this haspital) attended the deceased from NINCOL

and that death accurred at 1/57M. from the causes and an the date stated above MED DIRECTOR STAFF

10 Oct. 21

LOCATION (City, town, of county)

22b. DATE SIGNED

22c PHYSICIAN'S

22d ADDRES

Dr

(Stote)

CREMATION.

23c NAME OF CEMETERY OR CREMATORY

-5

25b REGISTRAR'S SIGNATURE Clithur S. Thank

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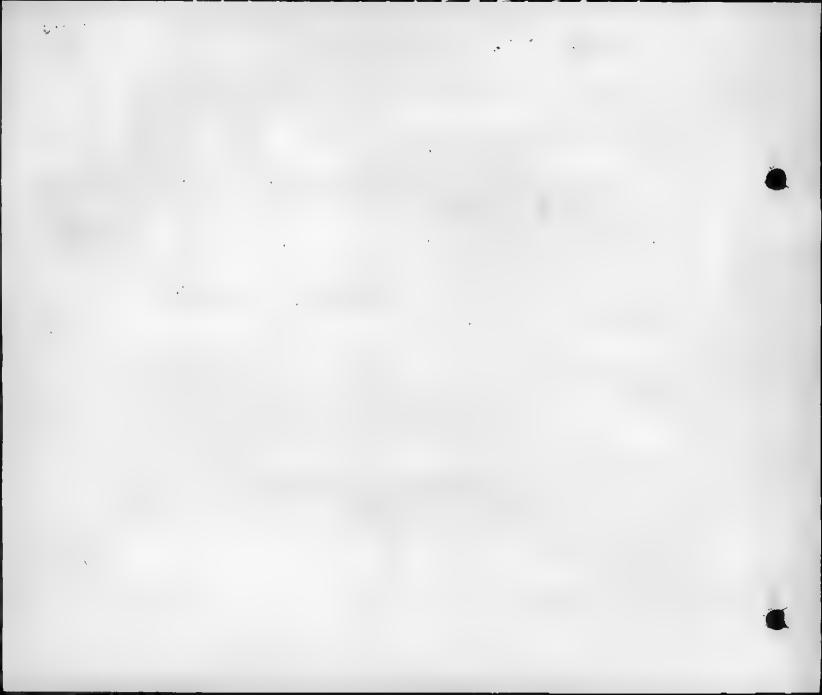
**CERTIFICATE OF DEATH** 

11427

<u> </u>	-	_		
ed wit		1	COUNTY HATE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
e fi	$(\mathbf{M})$	$\vdash$	b. CITY OR TOWN (f outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside comparate limits, write RURAL and give nearest town)
D D		1	FAVRE DE GRACE 3 DAUS	Bel Hir
12 shor	07,		d. NAME OF HOSPITAL (If not an hospital, give street oddress) OR/INSTITUTION  ATTORNOON  OR AND THE STREET OF THE STREET ODD TO STREET OD TO STREET ODD TO STREET OD	d, STREET ADDRESS 1221 S. MAIN St ON A FARM? YES NO NO
s i onc	٠,		NAME OF SICEASED Type or print)  GOOGLE Should	A DATE Month Doy Year OF DEATH OCH 7 196/
oge	deot deot	5.,	Occidic Chelbo	B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR) IF UNDER 24 HRS
2	ر المق	<i> }-</i>	EMALE White WIDOWED DIVORCED []	Oct. 12, 1868 92 yrs Months Days Hours Min.
adod t	hours	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11 BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?
rbor	23	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
9	ifi		Stephen Sheldon	GEORGIANNA Arnold
MOV	t.		as as well-asses). Of a second of detailed and a second of the second of	FORMAN (VEPhew) Milam Buildingdoress
še s	9	L		JOSEPH Sheldon Smu Automo, TEXAS
an pleo	in ony		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)   Pulve Culvar	Stand-still Interval Between onset and death
.÷.	ol, one		(422.) DUE TO Chronic Car	diac decompensation 2-3 years
it perm	гето		gove rise to immediate cause (o), stating the under- (ying cause last	lie Madiovascular Disease !
rons	ō E	Z	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
ria	oatio	CAT		YES NO X
the bu	ol, cren	CERTIF	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	> (Enter nature of injury in Part I or Port II of item 18.)
use as	to burn	WEDICAL		ACE OF INJURY (Home, form, tory, streel, office bldg, etc.) 20f. (City or town) (County) (Stote)
far	prior		21 I certify that (I) (this hospital) at ended the deceased from	10/4 1961, to 10/7th, 1961 that (1) burt lost
chec	2			eoth occurred of 25%, from the couses and on the date stated above
be detoc	of Health		200 SIGNATURES (LODGE NO	ATTENDING MED STAFF DIRECTOR PHYS D
hauld t	71		NAME (Type) Edutade Loo Me	Flure do Grace, and.
one 3 s	ne State		BURIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR REMOVAL (Specify) Oct. 10, 1961 Green out CE	
2 0	÷	-	FUNERAL DIRECTOR'S SIGNATURE W. Broadway ADDRESS Williams	
(4)	1.,	1	Just W. Friter BEI Air, maryland	DATE OCT 11 '61 CI-Ilva & Kraus

HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed to retained by the hospital or attending physician.

The retained by the hospital or attending physician and complete the page of the



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CEI	RTIF	CA	TE	OF	DE	ATH	4

11428

		442	CERTIFICA	IL OI DEATH	20 20 40
	1. F	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If inst	
١,		HARFORD	MARYLAND	a. STATE Md b cour	Herrind
	b	b. CITY OR TOWN (If outside corporate limits, wri	le c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give nearest town)
	Ŀ	LAURE de CALACE	3dA45	XTOPPA	
j'	(	d. NAME OF HOSPITAL (If not in hospital, give str	eet oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
8	Ŀ	FARFORD MOMORI	AL HOSPITAL	Rt 3 , Doy 313	YES NO
	3. 1	NAME OF First	Middle	Lost 4. DATE	Month Day Yeor
		(Type or print) Aussell		TATCHCLL DEATH OCT	ober 31 1961
	5. S	EX 6. COLOR OR RACE 7. N	ARRIED X NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In ye lost birthdo	ors IF UNDER I YEAR IF UNDER 24 HRS  (y) Months Days Hours Min.
	1		OWED   DIVORCED	1 1 1 1 1 1 1 1 1 6 62	yrs. Hours Min.
	10a.	USJAL OCCUPATION (Give kind of work done during most of working life, even if refired)	The I the I	STRY 11. BIRTHPLACE (State or foreign country)	12.CITIZEN OF WHAT COUNTRY?
		Station Hypert	KARI Kond	N. Jersey	0.5
	13, 1	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	
		William Catch	eLL	Elizabeth HighEE	
	15. <sup>5</sup> (Yes	WAS DECEASED EVER IN J S. ARMED FORCES? In no. or unknown) (If yes, give wer or doles of service)		IFORMANT (WIFE)	Address R.D. #3, Box 313
		YES WW#I	705-09-1576 M	13. Many aret 12. Gestchell	Topper, maryland
		18 CAUSE OF DEATH [Enter anly one cause pe	Tyne far (a). (b), and (c) ]	1:0:1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	ullrion Ulu	socartial intar	olin 4 aluls
		420.1 DUE TO		110.0	1 1/2
		Conditions, if ony, which ) (b)	oronary.	Throm bores	4 9445
		gave rise to immediate DUE TO	1 - 1		
		lying couse lost (c)	Heriosele,	otic Cadrovascul	er Descuso ?
	CATION	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	CAT	-			YES NO IP
	CERTIFI	OR CONTRIBUTING [] CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18	
	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	WEDICAL			ACE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)
	WE	10	work of work		,
3		21 1 certify that (I) (this haspital) att	ended the deceased fram	GC+ 29th 12 10 DC+	3/5/19 6/, that (1) (we)-last
		saw the deceased alive an CCL.	3/ 2/, 196/, and that d	eath accurred at 7.4 M, from the causes	
		220 SIGNATHRE	7		22b. FATE
	-	- Etugalet	Jours!	M.D PHYS. DIRECTOR PHYS.	10/3//61
		22c PHYS.CIAN S NAME (Type)		22d ADDRESS	
		Louna	C. LOO, M.	DI Taure aley	race, me.
	230	BUR.A., CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O	11 4	vn, or county) (State)
		Burial Nev. 3, 1761		ethodist CEM, Rural Forest Hi	11, Hogentral. Co. Mary bour
	24		and way AND William	\$ 311	EGÍSTRAR'S SIGNATURE
		Bellia BEI	tir, Maryland	DATEON 3 '61 CL	Lines S. Kraus
		Joseph W. Foster		710	



**ADDRESS** 

240. REC'D BY REGISTRAR

761

DATE NOV

24b. REGISTRAR'S SIGNATURE

Cothur & Hours

within 0

23. FUNERAL DIRECTOR'S SIGNATURE

etre Sumber AM. & Sund

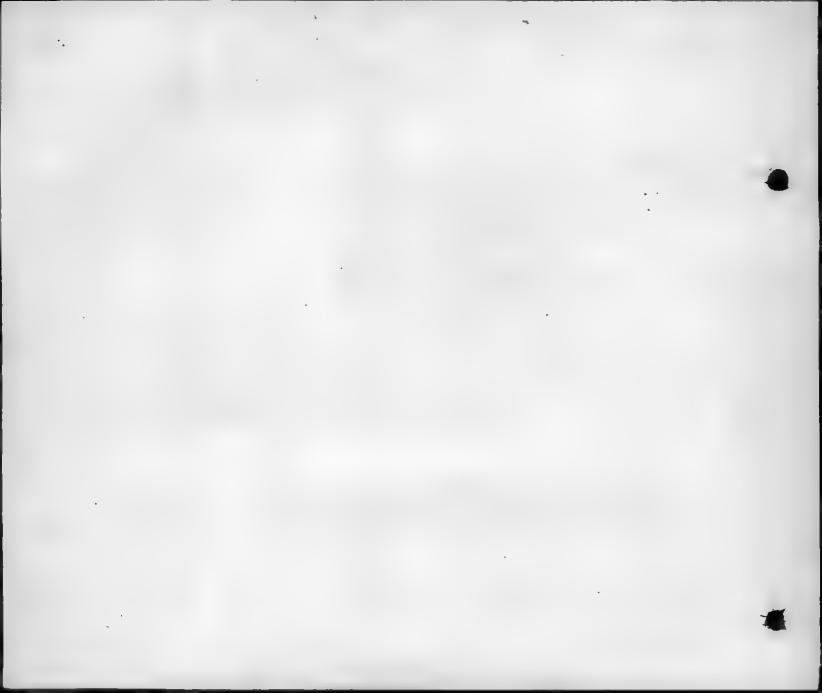
Ken Prehavor

11/20

	CERTIFICATE OF DEATH
1	PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  a. STATE  D. COUNTY
-	b CITY of TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 1b c. CITY OF TOWN (If outside corporate limits, write RURAL and give represt town)
,	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Manue Litharus 4. DATE OF Month 13 196
1	SEX 6 COLOR OR RACE 7. MARRIED NEWER HARRIED 18 DATE OF BIRTH 9 AGE (In years lost burthday) WIDOWED 10 DIVORCED 1 March 7 1906, 5 yrs Months Days Hours Min.
00	House aftern Williams Williams Williams Williams
4	Sto Baldwin Manala Blevins
15	was DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Edith Higgenbotho
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (b) LILE SNUED MELLEN MEL
	Canditions, if any, which) (b) Canceler of Sigmoid T. 4495
	gave rise to immediate cause (a), stating the under lying cause last.    DUE TO
CATION	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPS' PERFORMED? YES \[ \] NO [
L CERT F	20s. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 White Not while at work
	21 1 certify that (1) (this haspital) attended the deceased from 5
	22a. SIGNATURE LOTUL DE LATIENDING MED. STAFF SIGNE SIGNE
	PHYSICIANS TOHN D. YUN MD 8155. UNIONAVE. GRACE
230	BURIAL CREMATION 236 DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tayin, or county) Co. Mind
24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR 'SS REGISTRAR'S SIGNATURE  OCT 2 0 '61'

Powes I and 2 should be filed with 24 hours after death. Page 4 TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 21 for everyment by the haspital ar attending physician.

TO WARRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Panes the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after depth. VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside cyropatale limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RUBAL and give near est taws d. THAME OF HOSPITAL (IF aspital/bive street address) d. STREET AB DRESS IS RESIDENCE OR INSTITUTIO ON A FARM? YES NO DE NAME OF Middle 4. DAT Year DECEASED DEATH (Type or print) 19 0 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthgay) Days 4-yrs WIDOWED DIVORCED [ 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
ABORE LABORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT 15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. NO INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per ting for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES X NO [ 20g. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, , 20f (City or town) 20d. INJURY OCCURRED (State) Day, Year (County) factory, street, affice bldg., etc.) Hour o m. While Nat while at work at work p m 21 I certify that (I) (this hospital) attended the deceased fram... that (I) (we) last and that death occurred at sow the deceased alive an M. from the causes and on the date stated above. 22a SIGNATURE ATTENDING PHYS. MED. STAFF M.D. 22d, ADDRESS 22c PHYSICIAN'S NAME (Type DATE THEREOF 23d, LOCATION (City, lawn, 23g BURIAL CREMATION. 23c. NAME OF OR CREMATORY REMOVAL (Specify)

25a, REC'D

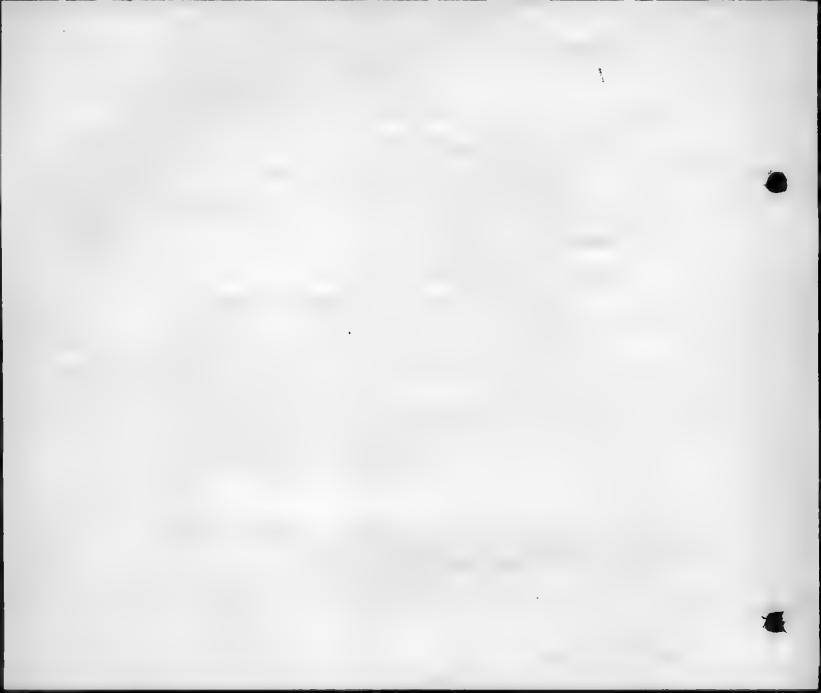
REGISTRAR'S SIGNATURE

UrThur & Trans

the funeral director, should be filed with campletel pers 9 pup physicia aftending ם é permit gned been si or attending physician certificate has After this DIRECTOR:

VR A15 (4) 15M 9/59

24. FUMERAL DIRECTOR'S SIGNATURE



IS RESIDENCE

YES NO

WAS AUTOPS

(State)

SIGNED

PERFORMED? YES | NO

ON A FARM?

DIVISION OF	CERTIFICA	ND RECORDS — BALTI
HARFORD	MARYLAND	2. USUAL RESIDENCE (WI
VN (If autside carporate limits, write live negress, tawn)  G OF GCACE	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IV

DENCE (Where deceased lived. If institution Residence before admission) b. COUNTY

(I) autside carporate limits, write RURAL and give nearest tawn)

STAFF PHYS.

MED.
DIRECTOR

d STREET ADDRESS

-	77777		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						-
	NAME OF DECEASED	) Fin	st Middle	Last	4. DATE	Mont	h Do	ly \	Ye
	(Type ar print)	TEARI	LOUISE	ILE	DEATH	Vetob	ER,	15	15
;	SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDE	R
	demand :					lost birthday	Months   David	Maries	

24 HRS. Min DIVORCED [ 65 EMALE yrs. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired)

13. FATHER'S NAME 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT

Wilser Street 21/1-12-0202 No Havre de Grace. Md. Margaret Funk

18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).)	0	A	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Dandier	demoren	sahm	10 de
Canditians, if any, which ) (b)	laterioscle	vois - a	enerals of	6 ~~
gave rise to immediate DUE TO	0 . 0 0	-00.7	9	7-1

lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19

200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Home

MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, | 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at wark p. m.

16 21. I certify that (I) (this haspital) attended the deceased fram. 1941

M, from the causes and an the date stated above. saw the deceased alive on and that death accurred at 22a SIGNATU 22b DATE

M.D

ATTENDING PHYS.

22c PHYSICIAN'S 22d ADDRESS NAME (Type) MD

236 DATE THEREOF 23g BUR AL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City, town, or county) (State) REMOVAL (Specify)

18 Buria 10 6] Angel Cemeterv Havre de 24 FUNERAL DIRECTOR'S SIGNATURE Tarringorpumeral 25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Home

DATEDCT P '61 ariling S. Thomas Aberdsen. Md. Tarring John

be remained by the hospital or attending physician.

\*\*IERAL DIRECTOR: After this certificate has been signed. as the burial-transit or attending physician ose should be detached for Board of State 0 01 VR A1S (4) 1SM 9/59

the funeral director, should be filed with

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and pau

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500 physici

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crematian,

CATION

ģ permit.

pup Ē

death

1. PLACE OF DEA

b. CITY OR TO

RURAL and a

OR INSTITUTION

Housewife

d. NAME OF HOSPITAL (If not in hospital, give street address)

a COUNTY

hours after death. Page

that the death certificate be executed within



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH directo 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed **b** COUNTY MARYLAND Harford Marvland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) the func should Aberdeen Rural Aberdeen Rural d. NAME Of HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Stepney YES T NO K 2. NAME OF Middle 4. DATE Month Yeor Day DECEASED OF DEATH (Type or print) Juani ta G. TROM 19 61 Oct 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthday) Doys Months Hours Female White WIDOWED [7] DIVORCED [7] Aug. 3. 56 10c. USUAL OCCUPATION (Give kind of work done)
during most of working life, even if retired)
Machine Operator

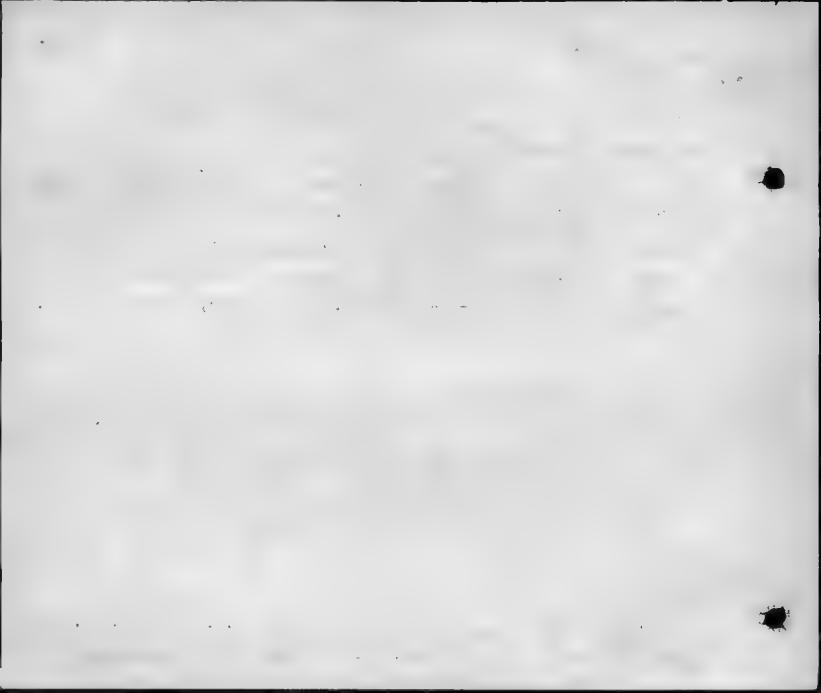
Sewing Factory

Virginia 12. CITIZEN OF WHAT COUNTRY? Sewing Factory Virginia U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Hale Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 214-24-0902 no John P. Isom Aberdeen R.D. Md 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ጌ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) OCC LUSION 10 minutes 4, 1,1 **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES INO K 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Year (County) (Stote) foctory, street, office bldg., etc.) Not while of work O of work D. m. . 1961 , ta Out 7 196/ that I last saw the deceased 21. I certify that I attended the deceased from DG A and that death occurred at 9:00 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) **DATE SIGNED** 10-10-61 SIGNATURE S should PHYSICIAN'S Gunther D. Hirsch 421 Congress Ave., Havre de Grace, Md. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Bel Air, Harford, Maryland. Burial Bel Air Memorial Bardens Oct.11 2 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Howard K. Marcomas & Son Abingdon, Md., DATECT 1 3 '61



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11449 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if institution, Residence before admission) a. COUNTY a. STATE MARYLAND b CITY OR TOWN ( f outs de corporete limits, c. CITY OR YOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) de c d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital . IS RESIDENCE ON A FARM? YES X NO NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH AGE (In years | If UNDER 1 YEAR) IF UNDER 24 HRS. jasi birthday) and Months Hours DIVORCED physician 1 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! County & State or foreign country) most of working life, even if retired) Clerk Railroad Railway 13. FATHER'S NAME please Ξ. aftending Then WAS DECEASED WER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give wer or detas of service) Mrs. Minnie James, Forest Hill, Md. Unknown 18. CAUSE OF DEATH |Enter only one cause per the for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH been signed by PART I DEATH WAS CAUSED BY. d. com IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (5) gave rise to immadiate ceusa DUE TO (a), stating the underlying cousa lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO X 2Ds ACCIDENT WAS UNDERLYING UN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., elc.) Not While While Hour a.m. at work et work I 21. I certify that (I) (this hospital) attended the deceased from LCT. 2.1 19 6/ to Cut 20, 19 6/ that (1) (we) last ... and that death occured A. S.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE/ ATTENDING SIGNED 28 4 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY R.D. Aberdeen. Md. Smith Chapel Cemetery Tarringpresuneral Home | 250, REC'D 8Y REGISTRAR | 256, REGISTRAR'S SIGNATURE DIRECTION'S SIGNATURE VR A15 (4) Aberdeen, Md. DATE NOV 1 15M 9/60 arthur & Through

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11450 CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY b. COUNTY Maryland Harford \$₽₹ MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 20 Min Baltimore Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve sized eddress, d. STREET ADDRESS US Army Hospital, Aberdeen Proving Cround NAME OF DATE DECEASED (Type or print) DEATH within October AGE Un years | IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months October 2. 1961 Female Cau WIDOWED [ DIVORCED | 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Harford, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Adeline Trotta Henry William Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Henry W. Kelly (Father) 3715 Gough ng physician. Baltimore. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] I. DEATH WAS CAUSED BY: Asphyxia Neonatorum IMMEDIATE CAUSE (a) the burial-transit Conditions, if any, which Maternal Toxemia (b) gave rise to immediate couse DUE TO (a), staling the underlying certificate has PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY USB prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this should be detached to 20f. [City or town] 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work 21. I cartify that (I) (this hospital) attended the deceased from 10: 40P Oct 2 1961, to 11:00 P. Oct 39.61 that (I) (We) last should State D saw the deceased alive on...Oct...2 .... 19.61..., and that death occurred all PM, from the causes and on the date stated above. 226. SIGNATURE ATTENDING DIRECTOR PHYS. October 2. 1961 PHYS. 22d. ADDRESS 22c. PHYSICIAN Army Hospital. Aberdeen Proving Captain. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, townsor county) 236. BURIAL, CREMATION, 23b. REMOVAL (Specify) 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S' SIGNATURE VR A15 (4) Zuare arthur S. Hraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

19 6]

IF UNDER 24 HRS.

Md SETWEEN AND DEATH

20 Min.

PERFORMED? NO

(State)

22b. DATE

(State)

Ground, Md.

SIGNED

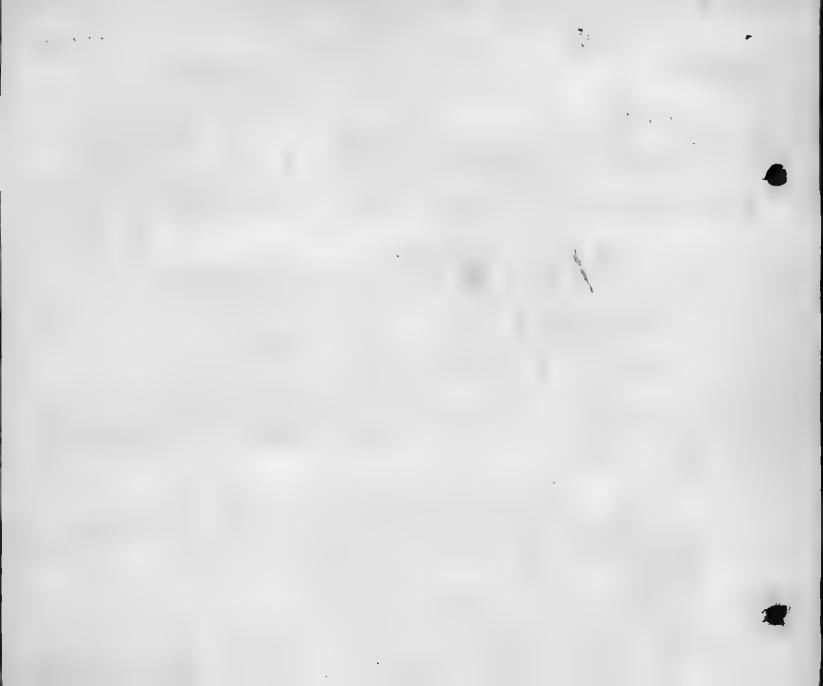
ON A FARM? YES NO DO



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution: Residence before adm ssion) is ne.
director. F.
vour files.
Health, e. COUNTY Harford Harford MARYLAND b. CITY OR TOWN (if outs'de corporete lamits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest lown] Havre de Grace Havre de Grace d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d, STREET ADDRESS e, IS RESIDENCE ON A FARM? Harford Memorial Hospital Ontario Street Ext. NO K 3. NAME OF A DATE M ddla Yeer DECEASED WITE TAM (Type or print) W. DEATH October 19 **61** 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. ge 5 may and 2 with last birthday) Months Male WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during grost of working I fe, even if retired) Machinia PM3. Pa pages 1 13. FATHER'S NAME with form P permit. File p ARMED FORCES? | 16. SOCIAL SECURITY NO 1 17. INT HAVRE DE GRACE 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Subarachnoid Hemorrhage IMMEDIATE CAUSE (e) DUE TO Ruptured intracranial ancurysm geve rise to immediate cause DUE TO as or r (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILD. 19. WAS AUTOPSY Medical Ex should be u PERFORMED? NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of in any In Pert 1 or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the Chief A the Chief A R: Page 3 s ior to buria 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) While Not While at work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy 😿 Inspection Inquiry and in my opinion forwarded to DIRECTO Natural causes in Undetermined manner death resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER DISTRIBUTE DE ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL its designate SIGNATURE EXAMINER'S Charles S. Petty NAME (Type) Address (Street, city, town, or county) or country) (State) 0 0 VS. A15ME

W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY a. STATE **b.** COUNTY by the land 2 s death. MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. CITY OR TOWN , If outside corporate firm ts, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) MAME OF HOSPITAL = --Pages filled . INSTITUTION (if not in hospita, ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH 19 carbon 2 5, SEX IF UNDER 24 HRS. 6. COLOR OR RACE 19. AGE (In years · JNDER 1 YEAR NEVER MARRIED physician and Months Days Houns Min. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME affending ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nowpr unkown), (If yas give war or dates of service) Φ 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and ( INTERVAL BETWEEN After this certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Conditions, if any, which ceve rise to immediate cause DUE TO (a), slating the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1, 81] 19. WAS AUTOPSY PERFORMED? NO I 950 prior 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) detached for 20c. TIME OF INJURY 20d. INJURY OCCURRED ( 20e. PLACE OF INJURY (Home, farm.) (County) (Stete) Month, Dev. Yeer factory, street, office bldg., etc.) Whie Not While Hour a.m. et work et work p.m. DIRECTOR: 21. I certify that (1) (this hospital)/attended the deceased from. 19..(a, that (I) (we) last 19.44, and that death occurred an 40 M, from the causes and on the date stated above should the deceased alive 27b. DATE ATTENDING STAFF # SIGNED PHYS. DIRECTOR PHYS. 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) 238. BURIAL, CREMATION, 236. DATE MANY OF CEMETERY OR CREMATOR (State 25a. REC'D BY REGISTRAR 125b. REGISTRAR VR A15 (4) 3

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Harfor d

. IS RESIDENCE ON A FARM?

YES NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

arthur & House

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATED CT 1 7 '61

NO X

(Steta)

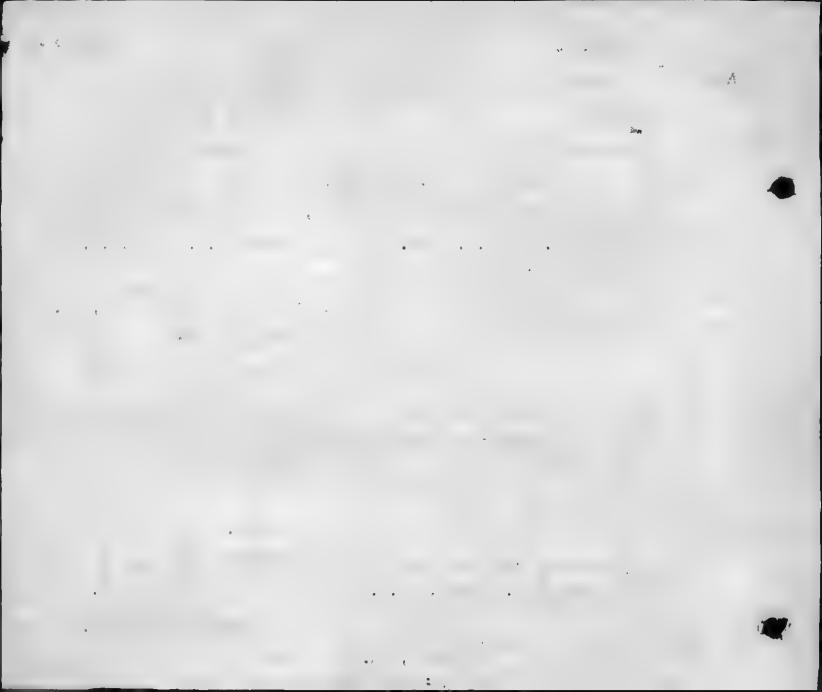
SIGNED

VR A15 (4) 15M 9/60

Aberdeen. Md.

Tarring 'Ptifieral Home

MUNIFIAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) . COUNTY b. COUNTY York Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) your d of Havre de Grace Airville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar e. IS RESIDENCE ON A FARM? Harford Memorial Hospital NO T J. NAME OF Middle Last 4. DATE DECEASED OF THOMAS PHINEAS MORRIS (Type or print) DEATH October after 19 2 with 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED S. SEX B. DATE OF BRITH AGE (In years | IF UNDER 1 YEAR | .F UNDER 24 HRS last birthday) Months Deys Male White DIVORCED eb. WIDOWED 10a, USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 15. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY a 72 done during most of working life, even if retired) Truck Driver Milk P.M.3. Pa pages 1 within USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abel Morris Eliza Brooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyergive wer or detes of service) Mrs. Emma S. Morris, Airville, Pa. Office along with burial-transit perm IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (\*) Cardiac Tamponade Office r's Office as a burial-fr **DUE TO** Rupture of Aortic Aneurym. (b) geve rise to immediate cause Examiner's **DUE TO** (a), stating the underlying þ cause last. , writing the word "pen te Chief Medical Examir Page 3 should be used to burial, cremation, c PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19, WAS AUTOPSY CERTIFICATION **PERFORMED?** EPUTY MEDICAL EXAMINER: This NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY T or CONTRIBUTING T CAUSE OF DEATH. icate, to the Cr. Page 20c, TIME OF INJURY Month, Dey, Year 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20d. INJURY OCCURRED (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While at work Partial 21. I certify that I took charge of the remains Aescribed above, held an Autopsy | X. Inspection and in my opinion death resulted from: Natural causes Accide Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 10/3/61 **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) Jase ( 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 226. (State) REMOVAL (Specify) 4 0 g JAKSERAL DIRECTOR VS. ATSME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate daceasad lived, If institution, Residence before admiss on a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate rimits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'da corporata limits, write (CURAL and plys naarast town) NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, g ve street address) a. IS RESIDENCE ON A FARM? YES X NO 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH IF UNDER 24 HRS AGE (In years | IF UNDER I YEAR 7. MARRIED THEVER MARRIED last birthday) Months DIVORCED [ 1Da. USJA: OCCUPATION (G va kind of avork dona during now be address) 1 12. CITIZEN OF WHAT COUNTRY? I 10b. KIND OF BUSINESS OR INDUSTRY 13. FATHER & NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (4 DUE TO gava rise to immadiata cause (a), stating the underlying causa fast. PART HOTHER SEGNIFICANT CONDUCTORS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 PERFORMED NO 208. ACCIDENT WAS JNDERLY NG ']
OR CONTRIUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Ds. PLACE OF INJURY (Homs, farm) 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Not Whila\_ 21. | certify that (I) (this hospital)/attended the deceased from. I, and that death occured at TPM, from the causes and on the date stated above. saw the deceased alive ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S filed . 23d. LOCATION/C by, town or county 23a, BURIAL, CREMATION, | 23b DATE THEREOF REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Colling S. Kraus 15M 9/60



	11457	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	1144)
1.	PLACE OF DEATH O. COUNTY  HARFORD	MARYLAND	2. USUAL RESIDENCE (Where o. STATE M D. 4.1/	deceased lived. If institution b. COUNTY	Residence befor	re admission)
r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporate limits, write RL	JRAL and give nec	irest town)
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION 530 ROB		d. STREET ADDRESS  530 K	OBINSON	ST	e IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) THERON	Middle LUTHER	PENROD 4	DATE Mont		y Year 196/
5.	1000 - 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  MARCH 9,190	9. AGE (in years last birthday)		Haurs Min.
L		Ob. KIND OF BUSINESS OR INDU CONSTRUCTION	V PENNSYL	VANNIA.		S, A,
		VROD	14. MOTHER'S MAIDEN NAM AGNES	-	ΞY	
15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)		IFE (GLADYS	PENROD)	SAN	E
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	400	Occausion	, ACUTE	INTE	RYAL BETWEEN ET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the under	PRIERIOSCA		VASOULAR I	DISEST	5 YEAR
CATION	PART II. OTHER SIGNIFICANT CONDITION POLY CYTHEM IA		PELLITUS NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE		P WAS AUTOPSY PERFORMED? YES NO DA
L CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	O. (Enter nature of injury in Port	I or Port II of item 18.)		
MEDICA	Hour o. ft Wh		ACE OF tNJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(Caunty)	(State)
	27. I certify that I attended the dece alive an <u>SEPT</u> 30, 19	eased fram. JUNE.			nd an the da	the decease

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 **ERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and campletely page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Petropistror prior to buriol, cremation, or removal, and in any event within 72 hours after death. 0

in by the funeral director, and 2 should be filed with

uman MO. 307 HICKORY AUF HEUM AN

BELA

DATE

2

220. BURIAL, CREMATION,
REMOVAL (Specify) 226. DATE THEREOF 196

22c. NAME OF CEMETERY OR CREMATORY Richland CEMETER

22d LOCATION (City, town, or county) Johnstown, Cambria Co.

(State) PENDENTURDIA

18 FUNERAL DIRECTOR'S SIGNATURE

w. Brondwan + w: 11," Ams St. BEI Itim MAnyland

24o. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11459

## CERTIFICATE OF DEATH

11442

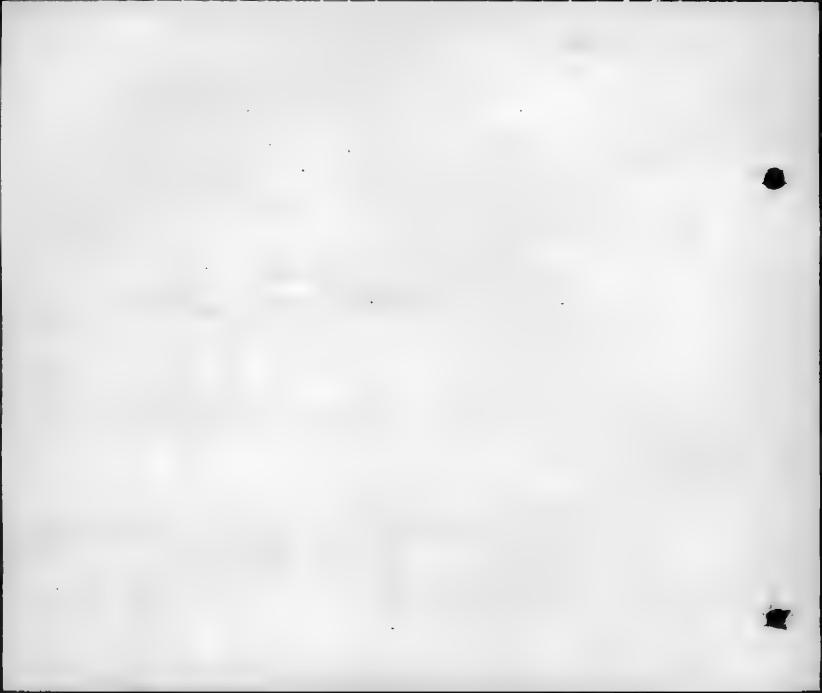
6"

	- T E O O	421(11114)				2 4 1
	I. PLACE OF DEATH  O. COUNTY HAR FOR	MARYLAND	2. USUAL RESIDENCE (Who		If institution: Residence	before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limi	its, write RURAL and gir	ve negrest lown)
4	HAURE DE CORACE	act. 30 yn.	HAVRE	OE OK	ACE &	1
>,	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION  HARFORD MEMORIA	11 HOSP.	S25 C	+SEGO	54.	e. 15 RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print)	ElliA K	EginAldi	4. DATE OF DEATH	Month	Day Year 4 1961
	S SEX 6 COLOR OR RACE 7. MARRI MAIE WIDOWEL		B. DATE OF BIRTH  Oct. 10-18	9. AGE 1951 75	1111	YEAR IF UNDER 24 MRS. Doys Hours Min
	10a JSUAL OCCUPAT ON (Give kind of work done 10b during most of Jarking life, even if refired)	enni P. P.	STRY 11. BIRTHPLACE (Store	or foreign country)	12.CITIZ	S. A.
	13 FATHER'S NAME Anthony RESID	Aldi	14. MOTHER'S MAIDEN N	AME .	9	
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no. or unknown)  When the property of date of service)	social security NO. 17. IN	FORMANT REGINALS	14: 14:	3 Odilan	Pace Md
	18. CAUSE OF DEATH [Enter only one cause per line		17 1		wa a - D	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HUDRAG	to lure			ONSET AND DEATH
	Conditions, if ony, which (b)	dlopefuic	Infratilia.	y Cho	tyou hou	>/mo
	gave rise to immediate couse (a), stating the under- lying cause lost.  (c)			ι′ 		
	PART I' OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19. WAS AUTOPSY PERFORMED?  YES \[ \text{No.} \frac{1}{2} \f					
	20a ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port ! or Port II of ilem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	7 20c. TIME OF INJURY Month, Day, Year 20d IN Hour o. m. While at work	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg, etc.	20f. (City or town	n) (Co	iunty) (State)
	21. I certify that (I) (this haspital) attends	ød the deceased fram	4/6/61.19	, ta. 15.	4/4/2 19	, that (L) (we) last
	saw the deceased alive an 10/4/4/19, and that death accurred at/10, from the causes and an the date stated above.					
	My cerio igas a	ent		TO STAF	F Q	226 DATE SIGNED
	22c. PHYSICIAN'S NAME/TYPEY	3.cle,7	22d. ADDRESS	3 ilme	on 56.	to o mine
	230 STR. AL CREMATION, 236 DATE THEREOF	9230 NAME OF CEMETERY O	R CREMATORY	Hama	ity, town of county)	Mo. (State)
	24 FUNETAL DIRECTOR'S SIGNATURE	ADDRESS	Mad 250. REC'I	D BY REGISTRAR	2Sb. REGISTRAR'S SIG	
1	surren our you	vai mare	PLO. DATECT	0 '61	C1-11-0 8 15	acc. A

The peretained by the haspital or attending physician.

See setting the haspital or attending physician.

See a setting the haspital or attending physician and campletely and a setting the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 24 Tours after death. Page 1 TO MOSPITAL OF ATTENDING FILVE IAN: The low marries that the denth certificate be executed within 10 VR A1S (4) 1SM 9/59



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11459 CERTIFICATE OF DEATH

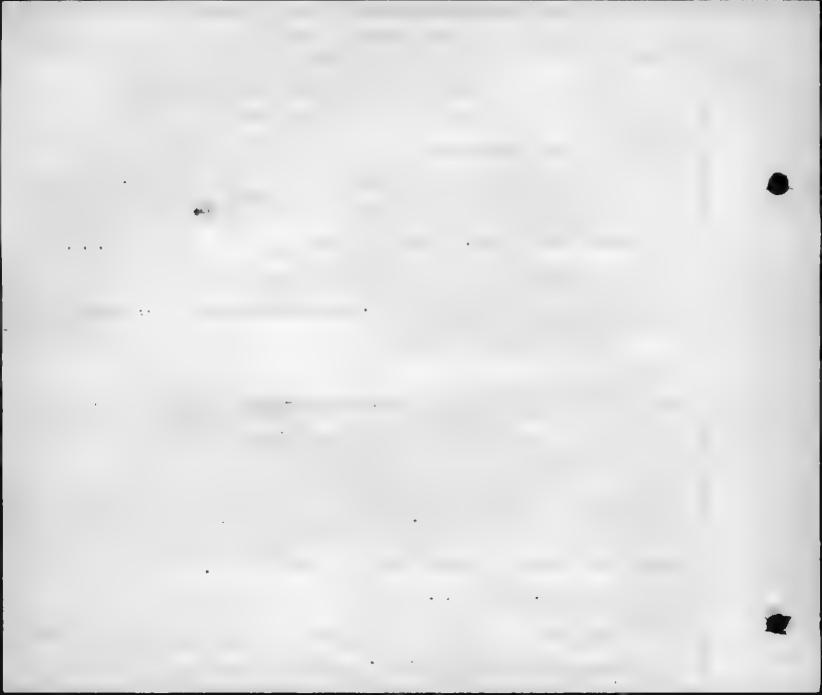
1146

11459

11444

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
ı	e. COUNTY HARFORD MARYLAND	* SMaryland b. COUNTY Harford					
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN Ib	c. C TY OR TOWN (If outside corporate lim'ts, write RURAL and give nearest town)					
ı	Aberdeen 1 hr 40 min	Aberdeen					
	d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, g vs street address)	d. STREET ADDRESS   0. IS RESIDENCE					
1	US Army Hospital, Aberdeen Proving Ground, Md.	66 Dixon Ave. / ON A FARM?					
	3. NAME OF First Middle	Last 4. DATE Month Day Year					
۱	TOPPANT FEMALE RIESINGER DEATH October 11 19 61						
l	5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED NET 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.						
	remale Gauc WIDOWED DIVORCED OC	tober 11, 1961   lest b'rihday) Months Days Hours Min.					
ı	106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country, 12. CITIZEN OF WHAT COUNTRY?						
	done during most of working life, even if railrad)  N/A  Harford, Maryland  USA						
		14. MOTHER'S MAIDEN NAME					
1	Simon Riesinger	Edythe C. Seidel					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address					
ı	(Yes, no or unkown) (Hyesgivewerordatesofservice) N/A 51	mon Riesinger Same as Item 2					
1	18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c).]						
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Anencephaly  ONSET AND DEATH In 140 min						
ı	75) X DUE TO						
1	Conditions, if any, which \ (b)	Conditions, if any, which h					
ı	gava risa to immediata cause						
ı	(a), stating the underlying cause last.						
ŀ							
H	ĒKS	PERFORMED?					
	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I or Part II of stam 18.)					
		CE OF INJURY (Home, farm, 201. (City or town) (County) (Sista) cry, street, office bldg., atc.)					
	21. I certify that (I) (this hospital) attended the deceased from.	Oct 11 , 1961, to Oct 11 , 1961, that (I) (we) last					
ı		death occured at 2. P.M. from the causes and on the date stated above.					
ı	22a. SIGNATURE	22b. DATE					
П	M. Life "Ceen M.	D. ATTENDING MED. STAFF SIGNED					
ı	22c, PHYSICIAN'S NAMEMANDET OF M. M. of P.A.M. Contain M.C.	22d. ADDRESS US Army Hospital					
I.	NAMMARICOLM McLEAN, Captain, MC	Aberdeen Proving Ground, Maryland					
1	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, Jown or county) (State)					
L	Durial 10/15/61 1021 Perus	Lery Aberdeen Proving Dr. Maryland					
1	24 JUNEAL DIRECTOR'S SIGNATURE DESCORES ADDRESS area	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	young faring aserden Ellaryland	DATE OCT 1 9 '61 Chilling S. Thrus					
-0	2150271XV2						





25b. REGISTRAR'S SIGNATURE

arthur S. Krous

25g, REC'D BY REGISTRAR

DATE

VR A15 (4)

unia

24. FUMERAL

aurs after death.

certificate



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution: Residence bafore edmission) e. COUNTY b. COUNTY Harford Maryland es. MARYLAND b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give-appress town) HAYRE DE GRACE Bel Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Boay a. IS RESIDENCE ON A FARM? Harford Memorial Hospital YES NO Box 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH JOHN THOMPSON October 1967 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours EN Male Colored 10a. USUAL OCCUPATION [Give kind of work 12. CITIZEN OF WHAT COUNTRY? dope during most of working I fe, even if retired) ages pages 1 13. FATHER'S NAME E TE 1 16. SOC AL SECURITY NO. I 18. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular di sease DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART .I. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert I of Item 18 ) Chief Meage 3 sho PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dc. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) Month, Day, Year (County) (Stelle) fectory, street, office bldg., etc.) While Not While et work et work O.P. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion should be forwarded to FUNERAL DIRECTO forwarded to death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MED.CAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 10/30/61 **EXAMINER'S** NAME (Type) Russell S. Fisher, M.D. Addi Address (Street, city, lown, or county) BURIAL, CREMATION, 1 226, DATE THEREOF EMOVAL (Specify) O 24e. REC'D BY REGISTRAR ¥5. A15ME arthur & Krous

MARYLAND STATE DEPARTMENT OF HEALTH



2 1 34	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 114.10
HEALTH DEPT.	1. PLACE OF DEATH  1. 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)
Page es.	e. COUNTY Harton B. COUNTY Large B. COUNTY LAR
80 5. ₩ I	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  write RURAL and give neerest town)
is nectory your dot	Hans de Erace
Boar Boar	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give shoot of these
y de uner uned inte	3. NAME OF A First Middle Last 4. DATE Month
an refar	DECEASED (Type or print)  A A TO N F To T. T. S  And OF DeceaseD  OF D
affer a	5. SEX   6. COLOR OR RACE 7. MARKIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yours   F UNDER 1 YEAR   IF UNDER 24 HRS.
r dea and 3 may 2 wit	M WIDOWED DIVORCED JULY 12, 1939 last birthdey) Months Days Hours M.n.
1, 2, 1, 2, 3e 5 and and 2 hy	108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ours ges l Pag 85 1	SAFETY ENG. EUGENE TITUS PA, U.SA.
24 hour Page PM3. P within	13. FATHER'S MANTE
是這 是是 數土	15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  DA 17. 26
This for	(Yas, no, or unkown) (Ifyasgive warordeles of service) 216-36-9528, MRS NANCY TITUS, 575 BRISBANE RA
Cute There	INTERVAL BETWEEN
cil ir along ransi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) F CAPTURE DRUND ONSET AND DEATH
d be d ben ice iial-ti	C ∧ C × DUE TO
hould " in p Office buria	Conditions, if any, which (b) (b)
ates ners as a	(e), stelling the underlying DUE TO
"per xami used on,	
is call by the state of the sta	PERFORMED YES IN NO KT
눈 같은 것 않는 것	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 20a. EXTERNAL CAUSE WAS PRIMARY IF OF CONTRIBUTING COURSE OF DEATH.
NEA ng th	
EXAMINER: ate, writing the othe Chief Me R. Page 3 sho rrior to burial,	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED, 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County)  Hour a.m., 10-21 10 While Not While at work of work
cate, v to the OR: P	21 Years for the Land of the Control
CTO	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
MEDICA forwarded L DIRECT ated agent	CHIEF MEDICAL EXAM NER TO BELLEY MEDICAL EXAM NE
Met for the fate of the fate o	ACTUAL SIGNATURE LEVELL COMPAND ASSISTANT MEDICAL EXAMINER [] / DATE SIGNED
EPUTY MEDICAL EX se execute the certificate, ould be forwarded to the UNERAL DIRECTOR: s designated agent, prior	EXAMINER'S G & 21/1 C FOLM C) M DEPUTY MEDICAL EXAMINER & (7 - 22-101
Should FrunEits desi	NAME (Type) O Address (Streat, city, fown, or county)  226. BURIAL, CREMATION, 226. DATE THEREOF, 226. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, fown, or country) (Stete)
7409	BEMOVAL (Spec fy)  DITTO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL
VS. ATSME	23. FUNERAL DIRECTOR  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE
SM 9/60	WITZKEF, D. HICI EDMONDSON AUE DATE OCT 24'61 (Julian & Kinns
3)	



## PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEAT OWN (if outside corporate limits, LENGTH OF STAY IN 16 NAME OF Middla DECEASED OF DEATH (Type or print) MARRIED IN NEVER MARRIED last birthday) WIDOWED [ DIVORCED physicia attending plea 15. WAS DECEASED EVER IN U.S. ARMID FORCES? 1 16. SOCIAL SECURITY NO. 17, INFORMANT (Yas, no, or unkown) | (Ifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to îmmadiata cause **DUE TO** (a), stating the undarlying cause last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY 208. ACCIDENT WAS UNDERLYING [ ] 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. NJURY OCCURRED 20e. PLACE OF NJURY (Homa, farm, 20f, (City or town) factory, straet, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 10-2.3 saw the deceased alive on. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d, ADDRESS 22c. PHYSICIAN'S

VLAND STATE DEPARTMENT OF HEALTH

USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) OWN (If outside corporate limits, write RURAL and give hearest town) e. IS RESIDENCE ON A FARM? YES NO Z 19 AGE (In years | I UNDER 1 YEAR) IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH PERFORMED?

NO 🔀

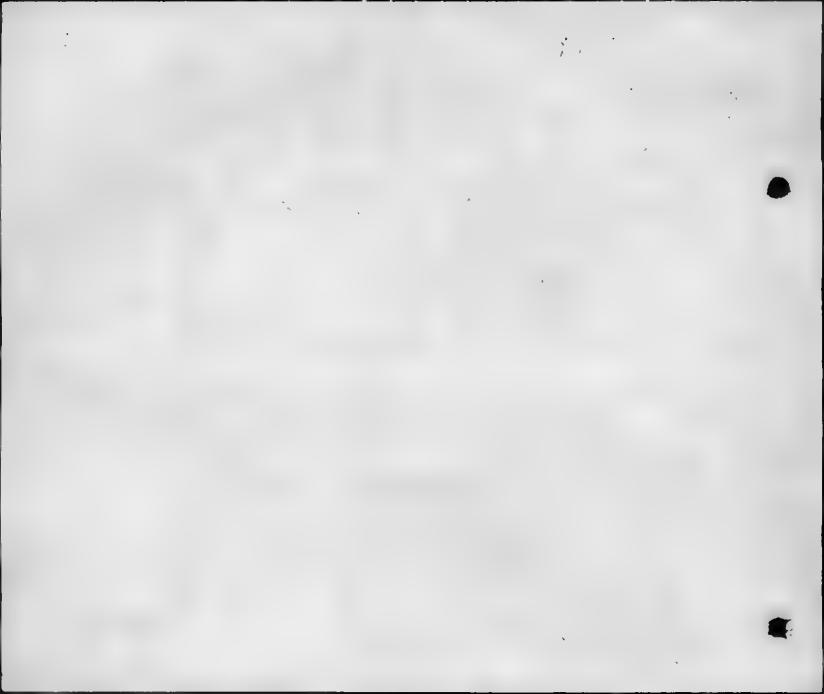
(County)

22b. DATE SIGNED

25b. REGISTRAR'S

15M 9/60

VR A15 (4)



STATISTICAL RESEARCH AND REET, BALTIMORE 1, MARYLAND funeral USUAL RESIDENCE (Where decessed lived, if institution Residence before edmission) . PLACE OF DEATH a. COUNTY the d MARYLAND and b. CITY OR TOWN (if outside co c. LENGTH OF STAY IN 16 ò ON A FARM? YES NO NAME OF DECEASED DEATH IF UNDER 24 HRS. AGE (In years Months Hours physician 12. CITIZEN OF WHAT COUNTRY? please guip 18. CAUSE OF DEATH (Enter ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immadiate cause DUE TO (a), stating the underlying couse lesi. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH Pol 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (Stete) 2Dc. TIME OF INJURY (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. saw the deceased alive on./. ....194...., and that death occured at //A.M., from the causes and on the date stated above. ATTENDING DATE 22e. SIGNATURE MED. DIRECTOR SIGNED PHYS. FUNERAL 22c. PHYSICIAN' 22d. ADDRESS NAME (Type) CREMATORY 23d. LACATION (City, lown or country) BURIAL, KEMAT

field the Maria Committee of the State of th the eftern they want theme the others of Col Visite - Merch - The William Col Visite Col Col Visite of Maring Herry Steven & Others of Me - All die man man manden Commender CI Se Medical Commence of the state of the state of the the test accomplaint of the rail

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.

PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)

Canditians, if any, which

gave rise to immediate

cause (a), stating the underlying cause last.

18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]

**DUE TO** 

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

TE OF DEATH	11451
2. USUAL RESIDENCE (Where deceased lived. If institutions a. STATE b. COUNTY /	Residence befare admission) APFORD
C. CITY OR TOWN (If autside carporate limits, write RUR HAVRE DE GRACE	AL and give nearest lawn)
106 MARKET, ST.	e. IS RESIDENCE ON A FARM? YES NO
LOST 4. DATE Month  OF DEATH OCT.	Day Year 4, 1961
Oct. 12, 1898 62 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. Aganths Days Haurs Min.
TRY 11. BIRTHPLACE (Stale or foreign country)  W. VA	12. CITIZEN OF WHAT COUNTRY?
MAGOELINA ESTE	9
Mrs. aleda Jones YAEGER. /	Lavrede Grave Md.
thrombosis	ONSET AND DEATH
theroselerosis and	>
1.5.	5-6 years
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	Y IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO
D. (Enter nature of injury in Part I ar Part II of item 18.)	

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRE 20e. PLACE OF INJURY (Home, farm, 20f. (City at tawn)

20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED While Not While at wark at wark

(County) factory, street, affice bldg. etc.)

21. I certify that (1) (this haspital) attended the deceased from and that death occurred att 20M, from the causes and on the date stated above saw the deceased alive an 22a. SIGNATURE ATTENDING MED. DIRECTOR M.D.

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION, 23b. DATE THEREOF OR CREMATORY 23d. LOCATION (City, lawnyor caunly) (State) REGISTRAR'S SIGNATURE

OCT 9 61

page 3 sh the State |

be retained by the haspital or attending physician

UNERAL DIRECTOR: After this certificate

3 shauld be detached for Board of Health prior

physician

offending please

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as the burial-transit permit.

burial, cremation,

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